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•	Q.F	PART E	B - FEE(S) TRAN	SMITTAL				/
• /	of this forth, toget	her with applicable	Ī	Mail Stop ISSU Commissioner P.Q. Box 1450 Alexandria, Vi	for Pate	ents		/
\4	<b>\$</b> /		or <u>Fax</u> (	(571)-273-2885			(	
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-7/ 47 57		Certificate of Mailing or Transmission						
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200 West Adam	ſ	Cristine M. Noll (Depositor's nam				7		
Chicago, IL 60606 2/22/2007 RFEKADU2 00000048 10614565				Criatic M. NO			(Signature)	
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FOR PURE ATION NO.	FILING BOTE	00 BP	FIRST NAMED INVENT	OR '	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	7
10/614,565	07/07/2003		Shunpei Yamazaki			0553-0371	6630	J
TITLE OF INVENTION: PRODUCTION APPARATUS AND METHOD OF PRODUCING A LIGHT-EMITTING DEVICE BY USING THE SAME APPARATUS								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID IS:	IIE EEE	TOTAL FEE(S) DUE	DATE DUE	ר
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		ART UNIT	CLASS-SUBCLASS			\$1700	02/10/2007	
WILLIAMS, JOSEPH L 2879		2879	445-024000					
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list					
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  1 Cook, Alex, McFarron, Manzo, Cummings & Mehler					
Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
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Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual 🔼	Corporati	on or other private gr	oup entity Governmen	t 
a. The following fee(s)	are submitted:	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee	o small entity discount r	A check is enclosed.						
<ul><li></li></ul>			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number					
	tus (from status indicated s SMALL ENTITY statu		☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					

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Mark J. Murphy

Registration No.

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